☐County Court ☐District Court ☐Denver Juvenile Court ☐Denver Probate Court _____ County, Colorado Court Address: _____ **Case Name:**	
	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
MOTION AND ORDER TO PAY EXPERT WITNESS FEES AND EXPENSES	

I, _____, move the Court for an order authorizing payment of the following expert witness fees and/or expenses, based on the attached itemized statement from the expert witness. Said fees were incurred pursuant to §13-33-102(4), C.R.S., in the above case and are reasonable for the services performed. Fees and compensation follow the policy and guidelines set forth in Chief Justice Directive 87-01.

Expert's Name, Degree/Certification, Address, and Social Security/or Federal Tax Identification number:

Name: _____   Degree/Certification: _____

Address: _____   City/State/Zip: _____

Social Security Number or Federal Tax Identification Number: _____

(A completed W-9 form containing the payee's Tax Identification Number (Social Security Number or Federal Employer Tax Identification Number) must be on file before a payment will be processed. If the payee has not previously received payment from the State of Colorado Judicial Department, a W-9 form must be completed, including the payee's signature, and attached to this form along with required payment documentation as per CJD 87-01 guidelines. A W-9 form can be accessed and printed from the following web sites):
http://www.irs.gov/pub/irs-fill/fw9.pdf or http://www.colorado.gov/dpa/dfp/sco/forms/substitute%20form%20w-9.pdf

Fees:
Case preparation:
        Hourly rate $ _____ x _____ hours = $ _____
Testimony time
        Hourly rate $ _____ x _____ hours = $ _____
Time waiting to testify due to the scheduled appearance being delayed
        Hourly rate $ _____ x _____ hours = $ _____
Travel time
        Hourly rate $ _____ x _____ hours = $ _____

        Total Fees $ _____

Expenses:
Mileage/travel expense at statutory rate
        Rate $ _____ x _____ miles = $ _____
        or
        Airfare for out-of-state witness (receipts attached) $ _____
Food and/or lodging expenses due to extraordinary circumstances
(receipts and itemization attached) $ _____

        Total Expenses $ _____

        Total Payment Requested $ _____

Dated: _____   _____
                                           Signature of Attorney

Reviewed by District Administrator/designee: _____Date: _____

Approved by ☐Judge or ☐Magistrate: _____ Date: _____

JDF 204   R8/04 MOTION AND ORDER TO PAY EXPERT WITNESS FEES AND EXPENSES